

Eviti Imaging: Ovarian Cancer

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For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at <http://www.cms.gov> for additional information.

For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Ovarian Cancer Imaging

Discussion

This imaging guideline provides a standardized framework for the use of diagnostic and surveillance imaging in the management of common adult malignancies, specifically ovarian cancer. The goal is to ensure timely, evidence-based imaging that supports accurate staging, treatment planning, response assessment, and post-treatment surveillance.

Guiding Principles

- Follow evidence-based practices from major guidelines (e.g., NCCN, ESMO, ACR Appropriateness Criteria)
- Ensure imaging aligns with the clinical context and stage of disease
- Minimization of unnecessary radiation exposure
- Promote timely and cost-effective imaging utilization
- Incorporate multidisciplinary collaboration in imaging decisions

Imaging Guidelines

This guideline applies to the following patients:

1. At least 18 years of age with confirmed or suspected diagnoses of ovarian cancer; AND
2. All phases of oncologic care, including one of the following:
 - a) Initial staging
 - b) Treatment response evaluation
 - c) Post-treatment surveillance
 - d) Detection of recurrence or progression; AND
3. All imaging modalities used in oncology care, including but not limited to the following:
 - a) Computed tomography (CT) (neck, chest, abdomen, pelvis, neck, or site-specific)
 - b) Magnetic resonance imaging (MRI) (including site-specific protocols such as pelvis MRI, brain MRI, liver MRI)
 - c) Fluorodeoxyglucose positron emission tomography/CT (FDG-PET/CT)
 - d) PET/MRI
 - e) Somatostatin receptor PET/CT (SSTR-PET/CT)
 - f) Nuclear medicine (e.g., bone scan, PSMA PET)
 - g) Single photon emission computed tomography/CT (SPECT/CT) (e.g., octreotide SPECT/CT for neuroendocrine tumors)

Notes:

1. The concurrent utilization of multiple advanced imaging modalities—such as PET/CT and MRI—is not routinely warranted and should be considered only when each modality is expected to provide distinct and clinically relevant information that will directly impact patient management. The selection of the most appropriate imaging study should be individualized, taking into account tumor type, clinical presentation, prior imaging, and other patient-specific factors. Imaging requests will be evaluated on a case-by-case basis to ensure clinical necessity, appropriateness, and the potential to influence therapeutic decision-making.

- When PET imaging is clinically indicated, the appropriate radiotracer should be selected based on tumor type and clinical scenario.

Ovarian Cancer Imaging

Imaging in ovarian cancer supports initial diagnosis, staging, cytoreductive planning, and follow-up assessment. CT chest/abdomen/pelvis remains the standard for baseline and interval evaluation, defining peritoneal, nodal, and visceral disease. Transvaginal ultrasound plays a critical role in characterizing adnexal masses, while MRI of the pelvis provides superior anatomic resolution when CT findings are indeterminate or for fertility-preserving surgical evaluation. PET/CT is reserved for problem-solving in cases of ambiguous recurrence or limited disease when results will impact management.

Integration of imaging with CA-125 trends and clinical judgment optimizes surveillance while minimizing unnecessary exposure.

| Ovarian Cancer Recommendations | | | |
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| Clinical Scenario | Recommended Modality | Frequency/Timing | Purpose/Notes |
| Initial Diagnosis & Staging | CT chest/abdomen/pelvis | At diagnosis | Standard staging for ovarian malignancy |
| | Transvaginal/pelvic/abdominal ultrasound | | Characterize adnexal mass |
| | MRI pelvis ± abdomen | | Clarify indeterminate adnexal findings |
| | PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging | | May be helpful to assess indeterminant lesions if results change management |
| Treatment Response (Neoadjuvant/Metastatic) | CT chest/abdomen/pelvis | Every 2–3 cycles | Assess response to systemic therapy |
| | MRI pelvis ± abdomen | As indicated | CT imaging in most cases is sufficient to evaluate for response |
| | PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging | As indicated | CT imaging in most cases is sufficient to evaluate for response |

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| Surveillance | PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging | As indicated | Generally, not used for surveillance |
| | CA-125–driven imaging | As indicated | Rising CA-125 prompts earlier imaging |
| Suspected Recurrence | CT chest/abdomen/pelvis | As indicated | Evaluate symptoms, rising CA-125, or equivocal findings |
| | MRI pelvis ± abdomen | As indicated | Clarify indeterminate adnexal findings |
| | PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging | As indicated | May be helpful to assess indeterminant lesions if results change management |

Notes:

1. CT CAP remains standard for staging and surveillance.
2. CA-125–driven imaging allowed when marker rise precedes radiologic change or suspicious findings on physical exam.
3. Routine PET/CT discouraged for surveillance; selective use per NCCN. PET/CT not standard for surveillance; used selectively for problem-solving.
4. PET/MRI vs PET/CT based on facility availability.¹

Revision and Review History

| No. | Description | Date |
|-----|---------------------------------------|-----------------|
| 1 | Original Effective Date: | 1/1/2026 |
| 2 | Policy Annual Review Dates: | |
| 3 | Department Owner: | Medical Affairs |
| 4 | NH Advisory Committee Approval Dates: | |
| 5 | Revision Changes: | |

References

¹ National Comprehensive Cancer Network Guidelines: Ovarian Cancer.
https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf. Accessed December 17, 2025.